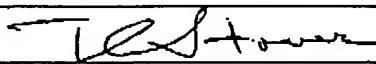
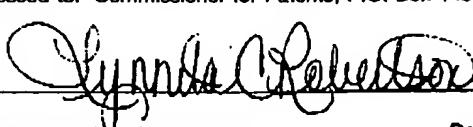


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/817,411	RECEIVED
		Filing Date	March 31, 2004	CENTRAL FAX CENTER
		First Named Inventor	Suresh C. Suri	DEC 15 2006
		Art Unit	1621	
		Examiner Name	L. Nagubandi	
Total Number of Pages in this Submission	4	Attorney Docket Number	AFB 668	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to a Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
There is no fee associated with this filing.		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	THOMAS C. STOVER
Signature	
Date	12/15/2006

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being <u>facsimile transmitted to the USPTO</u> or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	LYNNITA C. ROBERTSON	Date	12/15/06

Appl. No. 10/817,411
Amtd. dated Dec. 15, 2006
Reply to Office action of Sep. 15, 2006

RECEIVED
CENTRAL FAX CENTER
DEC 15 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.	10/817,411	Confirmation No.:	3186
Applicant(s)	Suresh C. Suri et al		
Filed	31 March 2004		
TC/AU	1621		
Examiner	L. Nagubandi		
Docket No.	AFB 668		
Customer No.	26902		

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.

In response to the Office Action dated 15 September 2006, rejecting claim 2 of claims 1-4 herein, please amend the application as follows: